

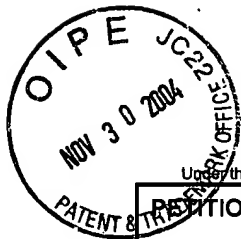
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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/720,252-Conf. #5869
		Filing Date	April 12, 2001
		First Named Inventor	Regine Heilbronn
		Examiner Name	Gerald G. Leffers, Jr.
		Art Unit	1636
TOTAL AMOUNT OF PAYMENT (\$) 215.00		Attorney Docket No.	60977(50189)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																															
<input type="checkbox"/> Deposit Account: Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP																																																	
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																	
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1. BASIC FILING FEE																																																	
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*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)		215.00																																													

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Barbara S. Kitchell	Registration No. (Attorney/Agent)	33,928
Signature	<i>Barbara S. Kitchell</i>	Telephone	(203) 353-6848
		Date	December 1, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 307 814 586 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 1, 2004	Signature: <i>Lori Giuffrida</i> (Lori Giuffrida)



PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUESTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 60977US (50189)	
Application Number 09/720,252 - Conf. #5869		Filed April 12, 2001	
For RECOMBINANT HERPES VIRUSES FOR PREPARING RECOMBINANT ADENO-ASSOCIATED VIRUSES			
Art Unit 1636		Examiner G. Leffers, Jr.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number, if acting under 37 CFR 1.34(a) <u>33,928</u>			
<u>Barbara S. Kitchell</u> Signature		<u>December 1, 2004</u> Date	
<u>Barbara S. Kitchell</u> Typed or printed name		<u>(203) 353-6848</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.		

12/03/2004 CCHAU1 00000084 09720252

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215.00 OP

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Dated: December 1, 2004

Signature: Lori Giuffrida (Lori Giuffrida)